

Date: 10/17/2025 12:25:27 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757163001084745	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: GILBERT WEST	
Name:	KOHL X-Dock Gilbert West	DC#:	
		Div.:	
Address:	701 Malaga St	Trailer number:	360775
		Seal number(s):	69894380
City/State/Zip:	Ontario, CA 91761	SCAC:	GBWS
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 914955398		1:00 AM PM	11:50 AM PM
		Driver Departure Time	12:40 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
15656187	Dept#: 115	13	102.96	Y N	06757163001084653	00810	
15656187	Dept#: 115	8	63.36	Y N	06757163001084660	00830	
15656187	Dept#: 115	5	39.60	Y N	06757163001084677	00840	
15656187	Dept#: 115	4	31.68	Y N	06757163001084684	00855	
15656187	Dept#: 115	1	7.92	Y N	06757163001084691	00860	
15656187	Dept#: 115	9	71.28	Y N	06757163001084707	00865	
15656187	Dept#: 115	6	47.52	Y N	06757163001084714	00875	
15656187	Dept#: 115	2	15.84	Y N	06757163001084721	00885	
15656187	Dept#: 115	12	95.04	Y N	06757163001084738	00890	
15656188	Dept#: 115	8	63.36	Y N	06757163001084615	00813	
15656188	Dept#: 115	3	23.76	Y N	06757163001084622	00816	
15656188	Dept#: 115	1	7.92	Y N	06757163001084639	00826	
15656188	Dept#: 115	7	55.44	Y N	06757163001084646	00836	

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p><i>[Signature]</i> 10/17/25</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p><i>[Signature]</i> 10/17/25</p>
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CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
15656702	Dept#: 115	5	62.51	Y	N	06757163001084677	00840	
15656702	Dept#: 115	2	24.65	Y	N	06757163001084684	00855	
15656702	Dept#: 115	3	37.86	Y	N	06757163001084691	00860	
15656702	Dept#: 115	6	73.95	Y	N	06757163001084707	00865	
15656702	Dept#: 115	5	60.74	Y	N	06757163001084714	00875	
15656702	Dept#: 115	3	37.86	Y	N	06757163001084721	00885	
15656702	Dept#: 115	3	37.86	Y	N	06757163001084738	00890	
15656703	Dept#: 115	3	37.86	Y	N	06757163001084615	00813	
15656703	Dept#: 115	3	37.86	Y	N	06757163001084622	00816	
15656703	Dept#: 115	2	24.65	Y	N	06757163001084639	00826	
15656703	Dept#: 115	7	85.39	Y	N	06757163001084646	00836	
15657026	Dept#: 115	11	251.90	Y	N	06757163001084653	00810	
15657026	Dept#: 115	8	183.20	Y	N	06757163001084660	00830	

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

COD Amount \$ _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Order No.: 74826076 **Order Date:** 09/30/2025 **Customer:** KOHLS DIST. CENTER - #00855 **Customer PO No.:** 15656702

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408-1614 US	Shipping Date: 10/17/2025 Shipment No.: 300108468
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
51BOMFSSC05	KL70-3680	022164497106	Optical Peva Shower Curtain	EA	12	12	1	12	1
51BOMFSSC06	KL70-3682	022164497120	Frosted Peva Shower Curtain	EA	12	12	1	12	1

Total Weight:	24.65
Total Quantity Ordered:	24
Total Cartons Ordered:	2
Total Quantity Shipped:	24
Total Cartons Shipped:	2